2007 YOUTH APPLICATION

Youth Training Academy Program

Youth Training Academy is a job preparation program for students ages 16 and older with internship opportunities that expose them to the world of work.

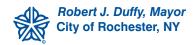
Who's Eligible?

City of Rochester youth currently enrolled in high school, 16 and older, who have a 2.0 ("C" average), have not had a long-term suspension during the school year, and have minimum 90% school attendance for the year.

Where to Apply?

Youth Services 80 Commercial Street Rochester, NY 14614 585-428-6448





PERSONAL INFORMATION (print in ink) NAME **SEX**: ____ M ___ F **DEMOGRAPHIC INFORMATION** (PLEASE CHECK THE APPROPRIATE DESCRIPTION) ARE YOU HISPANIC? ____ YES ____ NO ____ CAUCASIAN (WHITE) ____ BLACK ____ ASIAN RACE: ____ NATIVE HAWAIIAN/PACIFIC ISLANDER ____ NATIVE AMERICAN OR ALASKAN NATIVE ADDRESS ___ HOUSF # CITY STATE STRFFT ALT/MSG# ()_____ TELEPHONE # (EMERGENCY CONTACT: _ EMAIL ADDRESS: ______ SOCIAL SECURITY # _____ DATE OF BIRTH _ MONTH YEAR SCHOOL YOU ARE CURRENTLY ATTENDING _____ ___ CURRENT GRADE _____ ATTACH A COPY OF MOST RECENT REPORT CARD HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES IF YES, EXPLAIN _____ DO YOU HAVE ANY CERTIFICATIONS/LICENSE/PERMITS? NO VES **WORK HISTORY OR VOLUNTEER EXPERIENCE** PLACE SERVICES PERFORMED SUPERVISOR ADDRESS _______ DATES: FROM ______ TO _____ JOB TITLE ______ DUTIES _____ VOLUNTEER PAID ATTACH ADDITIONAL WORK HISTORY OR VOLUNTEER EXPERIENCE IF NEEDED **INTERESTS/ SKILLS/ ABILITIES** LIST ANY SPECIAL SKILLS OR SPECIAL INTERESTS: LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU ARE INVOLVED: _____

LIST ANY AWARDS YOU HAVE RECEIVED IN THE PAST TWO YEARS:

ESSAY: WHY SHOULD YOU BE CHOSEN	FOR THIS PROGRAM?		
	AUTUODIZAT	TON.	
	AUTHORIZAT	IUN	
SCHOOL ADMINISTRATOR:			
This student has at least 90% attendance ar	nd no long-term suspensions (5 days or n	nore) this school year plus has a "C" ave	erage or better for the current
marking period.			
Name / Signature	Title	Phone #	Date
Name/ Signature	Tille	FIIOHE #	Date
	PERMISSION	SLIP	
l, h	ereby give permission for the Youth Train	ning Academy Program to record the im	age and/or voice of my child,
	for brochures, websites or u	promotional materials. I understand tha	t I will not be informed or
	101 5100114100, W0501100 01 p	nomonomarmatorialo. Tandorotana tha	er viii noe so iiionnoa or
reimbursed for such photographs or videos.			
Doront/Cuardian Cianatura		Date	
Parent/Guardian Signature		Date	
BEFOI	RE TURNING IN YOUR AP	PLICATION BE SURE:	
IT IS FILLED OUT IN INK			
IT IS SIGNED BY:			
☐ YOU			
PARENT OR GUARDIAN			
SCHOOL ADMINISTRATOR A COPY OF THE MOST RECENT REP (ADT CADD IS ATTACHED		
RESUME (IF YOU HAVE ONE) IS ATTA	AUTIED .		

After you turn in your application, it will be checked and then you will get a letter telling you the next steps. If you move or your telephone number changes, be sure you let the office know. If you have questions, call us at 428-6448.

OFFICE USE ONLY	Date Received	Staff Initials
Application approved:	Yes No	
If no, reason:	GPA Attendance	Long Term Suspension
Other		